AMENDMENT OF SOLICITATION	ON/MODIFIC	ATION OF CONTR	ACT	1. CONTRACT ID	CODE	PAGE	OF	P	AGES		
	0.1,020					1			2		
2. AMENDMENT/MODIFICATION NO. Amendment #1	3. EFFECTIVE (8/10/00			ASE REQUEST NO AH-00004).	5. PROJECT NO. (If applicable)					
6. ISSUED BY CODE				f other than Item 6)	I		CODE				
US Dept of HUD Atlanta Contracting Operations 40 Marietta Street, 15 th Floor Atlanta, GA 30319		As Item 6, fo	or Atlan	a Home Owner	rship Ce	nter	_				
B. NAME AND ADDRESS OF CONTRACTOR	R (No., street, cou	nty, State, and ZIP Code)			(√)	9A. AMENI R-ATL-0	DMENT OF SOL	LICITATION	VO.		
						9B. DATED (SEE ITEM 11)					
							06/29/00 10A. MODIFICATION OF CONTRACT/ORDER NO.				
CODE	FACILI	TY CODE			-	10B. DATED (SEE ITEM 13)					
	11 THIS ITEN	IS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS									
X The numbered solicitation is amended					JLICITA		is extended	х	is not		
Offers must acknowledge receipt of this a	mondmont prior to	the hour and date enecified i	in the coli	sitation or as amond	ad by ana	of the follow	vina mothodo:		extended		
or, (c) By separate letter or telegram wh THE PLACE DESIGNATED FOR THE RI amendment you desire to change an offe this amendment, and is received prior to 12. ACCOUNTING AND APPROPRIATI	ECEIPT OF OFFEI r already submitted the opening hour ar	RS PRIOR TO THE HOUR A I, such change may be made nd date specified.	ND DATE	SPECIFIED MAY I	RESULT IN	N REJECTIO	ON OF YOUR O	FFER. If, by	virtue of this		
		PLIES ONLY TO MOD					S,				
(√) A. THIS CHANGE ORDER IS ISSU		THE CONTRACT/ORD O: (Specify authority) THE (THE CONTRAC	CT ORDER N	O. IN ITEM		
B. THE ABOVE NUMBERED CONTAS SET FORTH IN ITEM 14, PU C. THIS SUPPLEMENTAL AGREE	IRSUANT TO THE	AUTHORITY OF FAR 43.10)3.(b)		GES (suc	h as change	s in paying office	e, appropriat	on data, etc.)		
D. OTHER (Specify type of modification)	ation and authority)										
MPORTANT: Contractor x	is not	is required to sign this doc	ument and	l return		copies to the	e issuing office.				
14. DESCRIPTION OF AMENDMENT/MODIF	FICATION (Organi	zed by UCF section heading	s, includin	g solicitation/contrac	ct subject r	natter where	feasible.)				
This amendment provides	page 1 of 9, S	F18 REQUEST FOR	QUOTA	ATIONS, omitte	ed from	the origin	al package.				
Except as provided herein, all terms and conditions of the document referenced in Item 9A or 15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)							
						ael L. Swa	an, Chief g Operations	2			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED	16B. U	NITED STATES OF			5 Operations	DATE SIGN	1ED		
			RY								

(Signature of person authorized to sign)
NSN 7540-01-152-8070
PREVIOUS EDITION UNUSABLE

30-105

(Signature of Contracting Officer)

STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA
FAR (48 CFR) 53.243

REQUEST FOR QUOTATIONS			THIS	RFQ X	IS	☐ IS NOT A SMA	ALL E	BUSINESS	S SET-ASIDE	PAG 1		OF I	PAGES 9		
1. REQUEST NO.	(THIS IS NOT AN ORDER) EST NO. 2. DATE ISSUED		3. RE	3. REQUISITION/PURCHASE REQUEST				CERT.	FOR NAT. DE			RATING		_	
R-RTL-0	1481	08,	/03/00	NO R-200			-AM-0004	REG. 2 DMS RI	AND/OR EG. 1						
5a. ISSUED BY	SUED BY							6. DELI	VER BY (Date					_	
US Dept of : 40 Marietta Atlanta, GA	Street -	15 th E	ntracti Floor	ng Ope:	ration	ıs			t	a: he Atlan	s at I ta Home			Center	
			TION CALL (NO COLLE	CT CALLS	S)			7. DELI						
NAME TE Charles Lipthrott 404				TE	ELEPHONE NUMBER NUMBER			2	X FOB DE	STINATIO	N	Ш	OTHER (See Schedule)		
					331-5001 2563	9. DESTINATION						_			
fax					404		730-3426		a. NAM	E OF CONSIG	NEE.				_
8. TO:									1						
a. NAME b. COMPANY								b. STRI	EET ADDRESS	3				_	
c. STREET ADDRE	ESS		I						c. CITY						
d. CITY e. ST			e. STATE		f. ZIP CODE			d. STATE			e. ZIP CODE				
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date) 08/15/00 IMPORTANT: This is a indicate on this form and incurred in the preparation unless otherwise indicate must be completed by the					form and re reparation e indicated ted by the o	eturn of th by c quot	n it to the address in ne submission of this quoter. Any represer	Block quot ntatio	< 5A. This tation or to	request does no contract for su certifications at	ot commit t pplies or se	he Govern rvices. Su	ment to pa upplies are	ay any costs of domestic origin	n
ITEM NO.		SUPPLIE	ES/SERVICE		OLL (IIICIU	lue a	QUANTITY		UNIT		IT PRICE			AMOUNT	_
(a)			(b)						(d) (e)					(f)	_
C	Quotation on the att sheet (pag	ached	respons	se			20 CALENDAD DA	V/S			(C. (n))			NDAD DAVO	
a. 10 CALENDAR DAYS (%)					b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)				d. CALENDAR DAYS				
12. DISCOUNT FOR PROMPT PAYMENT >											NUI	MBER	PERCENTAGE	_	
NOTE: Additional pr				are			re not attached.								
13. NAME AND ADDRESS OF QUOTER a. NAME OF QUOTER					14	14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION 15. DATE					DATE OF	QUOTATION			
b. STREET ADDRE	ESS									16. SIG	SNER				
0010077						a. NAME (Type or print)							LEPHONE	_	
c. COUNTY					AREA CODE										
d. CITY e. STATE f. ZIP CODE					c. TITLE (Type or print) NUMBER										